

swer as well as a lead one; if so, I should infinitely prefer it, as the lead does not allow of the application of much force.

P. S.—Since writing the above, I have again seen the patient, four months after the operation. He is perfectly well, and has been at hard work, as a labourer, more than a month.

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ART. X.—Case of *Erysipelas Phlegmonoides*. By E. J. BEE, M.D.,  
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THE following case of *erysipelas phlegmonoides* occurred on the 13th of February, (1845,) while off Sisal. A. L. B., a petty officer on board the U. S. Ship Falmouth, was attacked with severe shooting pains about three inches below the patella, on the inside of the left leg. He felt the first pain about 11 o'clock, A. M., and at 6 P. M., was very lame, with some fever. Has neither strained, bruised nor injured his leg in any manner whatever. Felt perfectly well in every respect, until attacked by the pain below the knee. Has always been very healthy and robust. Is a strong muscular man, weighs about 200 lbs. Sanguineous temperament, and 33 years of age. R.—Mag. sulph.  $\mathfrak{z}$ ss.

14th. Much worse. Pulse full and strong. Cephalalgia. Has been delirious part of the night. About three inches below the knee, on the inside of the leg, there is a flat tumour of nearly the dimensions of the smallest sized common saucer. No fluctuation. Skin scarlet, with well-bounded edges, extending a little beyond the swelling. Redness disappears under pressure, but reappears immediately on the finger being removed. Had shooting pains in his left shoulder during the night. None this morning. Tongue clean and healthy. Countenance anxious. Salts operated freely. Vs. ad deliquium animi. Poultice. Rest.

15th. Less fever, and head feels easier; in other respects as yesterday. Had curious dreams during the night, and frequently awaked with a start. Ordered leeches to the tumour, and continue poultice.

16th. No better. Tongue clean. Cephalalgia. Bowels open. Ordered a mixture of potass. nit. ant. et potass. tart.; acid. citric. et aqua. Cold applications to head. Nocte  $\frac{1}{2}$  gr. morph. sulph.

17th. Much easier this morning. Worse at night, with considerable fever and headache. R.—Vs.  $\mathfrak{f}\mathfrak{z}$ ii, and cup temples. Head much relieved by the bleeding and cupping. R.—Ext. belladonna one part; cerat. simplex two parts; ft. emplast. s. Apply to tumour.

18th. Feels better this morning. Much less pain in the tumour after the application of the plaster. Slept well. Swelling on inside of leg, about the same, but redness of skin nearly disappeared. Pain now on the outside of the leg, attended with some swelling and redness. No fluctuation, or throbbing. Pain burning. The inflammation of the skin extends some distance above and below the knee. Continue belladonna plaster to the tumour, and lead water poultices to the outside of the leg. Cannot bear warm applications. Leg much easier after being dressed. Nocte R.—Mass. hydrar. grs. vi.

19th. Less fever. Bowels open several times during the night. The in-

inflammation of the skin on the outside of leg extends within eight inches of the ankle, and about ten inches below the trochanter major. Skin deep red; becomes pale on pressure, but immediately resumes the colour of the surrounding parts, when the finger is removed. No œdema or vesicles. Pits slightly on pressure on the outside of the knee. The boundaries of the inflammation abrupt. Apply cloths, saturated with sol. of sugar of lead to whole inflamed surface, and change them every hour. Anodynes at night, and poultice of pulv. ulmi and sugar of lead water to tumour on the inside of leg.

20th. Much worse. Inflammatory redness within nine inches of trochanter major, and six of ankle. The abscess on inside of leg was lanced last night, and discharged a very small quantity of thin, unhealthy matter. No fluctuation on the outside of the leg, though much swelled. This morning swelling very much increased, has a doughy feel, and there is evident fluctuation in it. Made freer incision on outside of leg, opposite the knee. Discharged more than f5xviii of serum and matter. After matter was discharged, several sloughs remained at the opening. The sloughs of the fascia were not entirely separated from the muscles; removed them with the scissors. The muscles in sight were as completely separated from each other as if dissected apart, but were very high coloured. The abscess of the inside of the leg communicates with the one on the outside by a canal crossing the tibia below the insertion of the ligamentum patellæ. Pulse 130; small and quick. Sago gruel with port wine. Cold barley water for drink, acidulated with lime-juice. Cold applications to head. Cloths saturated with solution of sugar of lead applied every hour to whole inflamed surface. Tincture of iodine above and below the tract of inflammation. P. M. Made incision on the outside of the leg about half way between ankle and knee. Discharged freely a very thin unhealthy-looking matter mixed with sloughs. Quantity discharged about 1½ pints. Probe introduced at knee communicates with all parts of the abscess. The inflammation of the skin has nearly reached to the toes. The skin on the inside of the leg natural, except where the disease commenced. Bandage applied from the toes nearly to the hip. An opening made through the bandage at the several incisions to allow free exit to the discharges. Leg inclined from the hip downwards. Blister over hip just above the inflammation. The inflammatory redness of the skin has always preceded the formation of matter in the cellular tissue. Pulse 130. Cheeks flushed. Continue lead water and anodynes at night. Diet same. Midnight. Feels easy, and has slept well.

21st. Better this morning. Pulse 100. Small but less quick than yesterday. Tongue clean and healthy. Discharged f5vi of serum and pus. Redness has disappeared from all the leg below the lowest incision. Feels easier with bandage on than off. The skin on the outside of the leg, for several inches around the knee, is of a livid colour. Discharges thin and unhealthy. R.—Labarraque's disinfecting liquid 1 part; water 20 parts. M. Injected a pint of this mixture, which returned with several sloughs of cellular tissue and fascia. Continue bandage. R.—Tinct. cinch. comp. f5j mane et nocte. Diet nutritious. Porter. After dressing, pulse 88, and soft. Midnight. Sleeping.

22d, 6 A. M. Feels much better than he did last evening. Complains of his leg itching. Inflamed and somewhat œdematous around hip. Blister has drawn well, but the inflammation of the skin has crossed the tract of the blister, and is ascending the left side of the body; made incision just

below the trochanter major, to the muscles, but no pus. The incision bled freely, with much relief to the tension of the surrounding parts. Dressed blister, and administered anodyne draught. Continue same diet. *Midnight*. Feels easy, and has slept well, and without starting in his sleep. Leg itches. Less pain in upper part of thigh since incision was made. Pulse 86; soft, and not so small and thready as it has been. Tongue clean. Bowels open. Bandage continued, and leg depressed as much as possible.

23d. Better. Large quantity of matter discharged during the night. Repeat the injection of chlorid. of soda. Considerable matter came away with the injection, and several pieces of sloughs. Continue bandage; generous diet. Comp. tinct. cinchon. and ale. Is very weak. Has hectic fever, and night sweats. 8 P. M. Feels quite easy, and is disposed to sleep. Pulse 90, and smaller than this morning. Has much difficulty in urinating. Voids the usual quantity and without pain, but strains a long time before it will commence running. R.—Spirits nit. dulces f5j; tinct. opii gutt. ix. M. *Midnight*. Has slept well. Very little pain; pulse 82, and soft.

24th. Better. Very much inflammation around hip; and extends up the abdomen; enlarged the upper incision downwards. A small artery which sprung was allowed to bleed several ounces before it stopped. No matter discharged, but the walls of the incision presented in different parts of them the appearance of globules of pus. Leg below knee much better. Discharged about f5ss from lowest incision. Above knee much the same. Opening at knee discharged  $\frac{1}{2}$  pint. Scultetus' bandage applied to thigh. Pulse 80. Half hour after dressing, pulse 84, and soft. 8 P. M. Pulse 90; soft, but smaller than in the morning; tongue clean; swelling and inflammation about hip less. No throbbing; leg feels more natural; cold poultice to hip. Not so much straining in urinating. R.—Sweet sps. of nitre and laudanum. 11 P. M. Feels easy and sleepy; has made water freely.

25th. Much better; appetite good; tongue clean. Pulse 80, and soft; one-half pint matter discharged from lower incision. Repeated the injection of sol. chlorid. sod.; complained of its smarting; several small sloughs came away with the injection; swelling and inflammation about hip much diminished. Chicken broth and a bottle of ale during the day. 2 P. M. Pulse 86. 10 P. M. Pulse 84; patient feels easy and disposed to sleep; leg itches exceedingly. Injected the lower half of the abscess with port wine and water in the proportion of f5j to the Oj. This injection brought away several pieces of sloughs, but gave him much more pain than the chloride of soda injection.

26th. Better; tongue clean and soft; pulse 88; full and soft. Leg pains him very little; made incision yesterday in the abscess to give exit to the matter collected in the lower part of it; appetite good and digests his food well. Bowels regular; continue the bandage, diet and porter; f5j comp. tinct. cinchon. bis die. Repeated the injection of a weaker solution of the chloride of soda, which smarted very little; can introduce probe made of gum elastic bougies from any one of the incisions to the others. The sloughs which came away with the injections to-day are smaller. 6 P. M. Easy; leg itches very badly; says he could tear it to pieces. The itching is in the abscess and not on the surface. *Midnight*. Easy, and has slept well.

27th. Less discharge this morning and from upper opening. Appetite good; tongue the same; pulse 80; matter nearly the same as that of a furun-

cle. No sloughs to-day; allowed to be propped up in his cot for half an hour. Same treatment continued. 3 P. M. Some fever; circumscribed flush on the cheeks.

28th. Better; pulse 80, soft; skin moist; tongue clean; appetite good; leg looks much better and itches extremely. The extent of abscess as marked out by a probe, consists of nearly all the outside of the leg and thigh, from the great trochanter to within two inches of the ankle. Injected a quart of weak solution of chloride of soda. Returned with some blood, but very little matter. This injection was thrown in immediately after withdrawing the probe; smarted him very badly; leg much emaciated. Continue treatment and diet. *Midnight*. Feels easy, and perspiring.

*March 1st*. Pulse 90; tongue clean; constant oozing from three upper openings. Cuticle peeling off from the leg as far as the inflammation extended; extent of abscess from ankle to hip, two feet six inches. No fever yesterday; leg well washed with Castile soap and water; tents introduced in all the incisions, and limb re-banded. Says he feels well in every respect; stop malt liquor and reduce diet a little. *Midnight*. Passed an easy day; no fever.

2d. Improving; itching very troublesome; voluntary discharge of matter gradually diminishing. No fever or sweats during the day or night. Pulse 72, and moderately full; bowels regular; leg much less than the other; face thin, but expression cheerful. Continue tents and bandage.

3d. Improving; small boils on different parts of his leg; cuticle has nearly all peeled off; can use leg without pain, but says he is *stung half*. Small discharge from upper openings; tents and bandage continued.

4th. Pulse 74; no fever at night; extent of soreness very much diminished. Appetite good; bowels regular; no medicine.

5th. Feels very well; matter weeps slowly from upper opening. Lance boil on the calf of the leg, the others mere pustules.

6th. The upper incision discharges yet. Continue tents and bandage.

Tents, bandage, and rest were continued until the 10th, when he was permitted to walk about the deck on a crutch.

27th. Walks about during the day on his crutch; no stiffness of the knee, but can bear very little weight on his leg. Incisions all healed up. After being on his feet some time, says his leg feels large and heavy; general health very good. The bandage was removed from his leg gradually, from the top downwards.

Being on his feet, his leg swelled so much, that he was sent to the hospital, where he remained several months. Upon the return of the *Falmouth*, he rejoined her a strong, robust man. He was somewhat lame, but not enough so to impede his movements, or render him clumsy.

*Remarks*. For the above described disease, I am unable to assign any satisfactory cause. The patient was a very athletic man, of a robust constitution, and, as far as I could learn, not given to dissipation. It was his first cruise in a man-of-war. His health has always been very good, and was good to the very day of the attack. Throughout the whole course of the disease, there was no indication of disorder of his stomach or bowels. He slept under the top-gallant fore-castle, where there was a free current of air, and always with the left leg uncovered. The days were exceedingly warm, and the nights cool and very damp. This is the only assignable cause for the attack.

I wish to call attention to the beneficial effect obtained by injections of a solution of Labarraque's disinfecting liquid. The change for the better was almost immediate. The first injections gave the patient no pain, but after a few days they produced so much smarting that I only injected a part of the abscess at a time. I was induced to try the injection from Dr. Thomas Wells' recommendation of its use in empyema, as reported in the July number of the *American Journal of the Medical Sciences*.\*

The bandage not only gave the patient great relief, but the inflammation of the skin very rapidly disappeared under its application. Also, by means of the bandage, I was enabled to keep the leg depressed to avoid the influence of gravitation causing the matter to approach more rapidly the body. Neither the tincture of iodine, nor blister exercised any power of arresting the progress of the inflammation. The inflammatory blush extended several inches beyond the boundaries of the abscess. On the left side of the body it mounted to within a few inches of the false ribs, embracing nearly half of the abdomen. It was during the time that the inflammation was at its height about the hip, that the patient experienced his difficulty of urinating. There was not the least appearance of inflammation in the immediate neighbourhood of the genital organs.

The incision near the hip was made without regard to the formation of matter in the cellular tissue. Although the muscles were exposed, no collections of pus were found, but the next day globules of pus could be seen in different parts of the walls of the incision. Afterwards, upon enlarging the incision downwards, the top of the abscess was met which discharged freely.

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ART. XI.—*Case of William Freeman, the Murderer of the Van Nest Family.* By BLANCHARD FOSGATE, M. D., of Auburn, N. Y.

WILLIAM FREEMAN—the murderer of the Van Nest family—was a native of Auburn, Cayuga Co., N. Y., twenty-three years old. In stature he measured about five feet seven inches, and when in health weighed in the vicinity of one hundred and fifteen pounds. He had a broad chest, and was of muscular make. With the exception of a slight admixture of aboriginal blood, he was of African descent.

At the age of sixteen he was sentenced to five years' imprisonment in the State prison at Auburn, for grand larceny. It was long since conceded that of this charge he was innocent. His sentence expired in September, 1845. He left his prison conscious of the injustice he had suffered, and had imbibed an idea that he was entitled to pay for his time. This sentiment could not be eradicated from his mind, and on several occasions he

\* I have since seen the same treatment recommended in Copland's Dictionary, (*Art. Erysip.*)